

OCT 005 1963

TO : Payroll Section via Records Section, AND-IFEA/L. Sept. 20/21, 63 - 2 days CH

(Check and fill in the appropriate item below)

This is to confirm that E. M. WALSH
(Name and Title of Employee)(Ref. No.)

- ☒ 1. has returned to duty from Annual leave on 23/9/63 as scheduled.
- ☐ 2. has returned to duty from leave on with the leave dates revised to be from through .
(hour) (day) (month) (year) (hour) (day) (month) (year).
- ☐ 3. has failed to return to duty upon expiration of his leave.

(Name, Title & Signature
of Supervisor)

Date

SEP 22 1963
CH

NOTE: The immediate supervisor concerned is responsible for completing and submitting this form immediately (1) when the employee returns to duty from Annual Leave, Home Leave, Emergency Leave or Leave Without Pay, either as originally scheduled or with revised leave dates or (2) if the employee fails to return to duty upon expiration of the leave requested. See FID-CIRCULAR-64/07 for further details if necessary.

Form FD-136

APPROVED FOR RELEASE DATE:
24-Aug-2010